0.00	Part 1 – Driller's Log	For Office Use Only:		
County: Marshall Missis	rart 1 - Driner's Log ssippi Department of Environmental Quality	Aquifer: 647		
Permit #: 0 - 163	Office of Land and Water Resources			
Driller: Jarry Carpenter	P.O. Box 10631	Well #:		
Date drilling completed: 11-20-10	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:		
Sac arming completes.	(601)354-6938 (fax)	E-log #:		
State Law requires that this report be pro	epared by the license holder responsible for 30 days of completion of drilling of the well	the work and filed with the		
Information on Well Owner		orehole Location		
(Landowner if borehole is not for a water	er well			
Owner Name Brad Sexton	Latitude: 210-77 149	Latitude: 34°57 '44" Longitude: 39°23 '12"		
	Mathod of I at II am (alas)	Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: 1311 Harbor Fo	arb DI-	GPS, Survey-grade GPS		
	hrs 46x 4 son 26	Twn 15 Rng 2 W		
Memphis TN City State	38103 NW NE	WII / NIR OF VV		
City State	Zip Code Distance Direction	Nearest Town		
Telephone No. (901) 399-1581		Nearest Town of Slayden		
	Well / Borehole Data			
Date drilling started: 11-20-10 Date drilling cor	mpleted: 1/-20-10 Hole depth: 155	Hole diameter:		
	····· · · · · · · · · · · · · · · · ·			
Method of dosing and volume of Chlorine used in	drilling and development:	choise to 1000 Hal. Wite		
Logs run (circle all applicable): No log run Electi Name of organization running log(s):				
Purpose of borehole (check one): Water Well X	Geotechnical/Geological Investigation Ground	Source Heat Pump		
Seismic Survey	Other (describe)			
If drilling is not related to water	well construction, skip the remainder of this blo	ck		
Purpose of Well (check one): Home X Industrial	Public SupplyIrrigationFish Culture	Other:		
If a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level: 80 feet above or be	low (circle one) land surface Date measured:	11-20-10		
Method of Measurement (circle one) Steel tape	-			
Well depth: 155 Well grouted to a depth of				
Casing length: 145 feet Casing diameter				
Screen length: / O feet Screen diameter	er:inches Type of screen:	PVC		
Screen slot size: inches Setting				
Type of completion (circle all applicable): Gravel p	packed Underreamed Telescoped Open h	ole Natural Development		
Other (d	describe);			
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one screen	describe on name P		

State Well Report Part 1 – Driller's Log

Form: OLWR-SWR-1A NOV 3 0 2010

BY: OLWR

The sketch	below	only :	required	for	water wells

If well tele	scopes.	skow	depths	on :	sketch.
Ground	Level		7		

## Description of formations encountered must be provided for all wells and boreholes. unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Suface Soil	0	20
ned Kel Sort	20	36
17 11		
med White Said	36	70
White clay		
White Clay	70	86
to fall to		
The fulfite Sail	84	120
Come White Soul	<del> </del>	
Coarse While South	120	155
		ļ
		<b> </b>
		<del></del>
		ļ
L	I	

If more than one screen, show location of each on sketch

Sketch the property lay aid in loc 4) a north	yout and include the following: 1) the well location; 2) any permanent strucating the well; 3) any roads, power lines, or other items that may aid in loth arrow.	ictures on the property that may cating the property and the well;
	-boar I	hould >
	3	
French	E November 1988	
Landowner Name:	Brob Saxton	

I certify that the well/borehole was drilled, constructed Mississippi Department of Environmental Quality and	d, and completed in acc	r cordance with all applicable requ	om: OLWR-SWR-1A irem <b>ang の の</b> れ
Mississippi Department of Environmental Quality and	the Mississippi Depar	tment of Health regulations, if a	Poplicable, and state
Larry Carpenter #0-162		Lang Carper	
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	

## STATE WELL REPORT County: Marshal Part 2 For Office Use Only: Pump Installer's Completion Report Permit #: 0 - 162 Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 Well #: Date completed: 11-20-10 (601)961-5210 Elevation: (601)354-6938 (fax) Copy information from block on Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Well Location Latitude:\_\_\_\_\_Longitude:\_\_\_ Mailing Address: [3] Method of Lat/Long (check one): Conventional Survey USGS quad , Hand-held GPS\_, Survey-grade GPS\_ 4 Sec 26 T 15 R 2W Distance Direction Telephone No. (901) 299-1581 \_Miles NE of Slayden Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify); Horse Power Rating of Motor: Date Pump Installed: 1/-20-16Setting Depth: \_\_\_\_\_ / O O \_\_\_\_ feet Rated Pump Capacity: \_\_\_\_\_/ 6 Gallons Per Minute Number of Stages: // Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: \_\_\_\_\_ //\_ 2 0 \_\_ / 0 Air Line Electric Measuring Line Steel Tape Static Water Level (A): \_\_\_\_\_ 8 0 Feet Below Land Surface Other (specify): Pumping Water Level (B): 8 4 Feet Below Land Surface Drawdown [(B) - (A)]: \_\_\_\_\_\_ Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_\_feet Well yielded \_\_\_\_\_ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): 4 hours feet after \_\_\_\_\_ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Larry Carpenter # 0-162

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

NOV 3 0 2010

orm: OBWRSWILW R